State Plan 2002: Blueprint for Change

North Carolina's State Plan for Reform of Mental Health, Developmental Disabilities and Substance Abuse Services

State Plan 2001: Blueprint for Change – North Carolina's state reform plan for mental health, developmental disabilities and substance abuse (mh/dd/sa) services represented the first significant overhaul of the system since 1974. This is a summary of the first annual revision, *State Plan 2002: Blueprint for Change*.

The state now spends more than $1.8 billion dollars a year to provide mental health, developmental disabilities and substance abuse (mh/dd/sa) services to over 300,000 North Carolinians. The state has a duty and responsibility to each citizen to make sure that taxpayer money is spent wisely and efficiently and that it goes to those who are most in need.

For the past decade, treatment practices have been moving away from serving people with mh/dd/sa needs in centralized state facilities and focusing more services in local communities. The State Plan recognizes this new reality and provides for a transition to community care for mh/dd/sa services. The trend toward community-based care will affect how local services are developed and delivered but it won't change the core mission.

Mission

North Carolina will provide people with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment, services and supports that they need to live successfully in communities of their choice.

Principles guiding the Plan

1. Consumer driven – consumers and their families have decision-making ability and supports to determine their treatment and support services.

2. Prevention focus – getting involved earlier to try to prevent worse mh/dd/sa problems in the future.

3. Outcome oriented – you or your family member's success in treatment is measured by whether you or they are achieving valued life outcomes and are leading the most satisfying life possible.

4. Reflect best practices – using the best services and supports that have shown success in treatment, services and supports.

5. Cost effective – the public money invested in treatment and support shows results in terms of less need for treatment, etc.

6. Integrated in communities – services and supports happen in a person's local community whenever it is in the consumer's best interest.

7. Fair and equitable distribution of system resources – a system that treats every consumer equally. This means the same care, levels of service, and financial supports are available no matter where you live.

People served/supported

Certain core service functions will be available to everyone. However, most of the system's resources will be targeted to serve and support North Carolina citizens most in need. Targeted groups or "populations" include children with emotional and behavioral problems and their families; adults with varying levels of mental illness; people in state operated facilities; people with developmental disabilities and a variety of groups of people with substance abuse issues. Priority groups within target populations will include people with the most urgent needs, people from racial or ethnic minorities with service/support needs; and people with more than one disorder.

How to get services/supports

People will be able to get services/supports in the same way no matter where they live. All parts of the system must make sure that the same kinds of information about services are offered and that people know how and where to get help when they need it. There

will be more places in communities to find out about services/supports and how to get them.

What services/supports

Core service functions available to all include screening, assessment, referral, emergency triage and services, care coordination, service coordination, consultation, education and prevention. Services/supports for people most in need will include help with housing and transportation; learning living skills aimed at meaningful work and recreation and lasting relationships; and treatments according to identified problems. For example, a person on psychiatric medication may receive help with medication management.

There are two important ideas behind the new system. One is that services/supports offered will focus on people living their lives where they want, going to school or the work they choose and making and keeping friends they choose. As much as possible, people served or supported will be in charge of what happens to them in the system of services. Second, there will be less use of faraway state institutions and more services/supports right in the person's community.

What the State Plan means in my community

A key element of the new State Plan is called the *local business plan*. It moves us away from a "one size fits all" type of system. Instead, your local community must assess, evaluate and collaborate with community service providers to develop a mh/dd/sa system customized to meet your community's unique needs.

Local business plans must describe changes in the way mh/dd/sa programs have operated before. The local business plan must build on local community strengths, but it also must make sure that each program provides the same access to services/supports and the same level of services/supports and standards. Your county commissioners will decide how your local program is set up and what geographic areas will be covered and will oversee development of the local business plan.

A local managing entity or LME will manage your services. Most LMEs will not provide services but will provide the strong public policy management and oversight necessary to administer a system that works efficiently and serves all consumers well. The LME

could be your existing area mental health program, it can be designed new from scratch or it could be the county government, if that is what your community wants.

LMEs will develop, start up, oversee, monitor and evaluate mh/dd/sa services in their areas. They will see that networks of qualified private service providers are available in communities. There will need to be enough providers so that people can choose who or what agency they want to work with for services/supports.

The state will send out *report cards* on a regular basis to let consumers, NC citizens, counties and LMEs know how the system is working in each community.

The bottom line

The State Plan is designed to evolve and change over time as the needs of the state's mh/dd/sa system change. This Plan will carry us through the transition time as we move from a state facility centered system to a community-based system of care.

The start of any journey begins with the first step. We have taken that first step by producing the State Plan calling for reform of the statewide service system. It is not the answer to every problem. As with all best laid plans, we expect this plan to change as we learn more through putting it into practice. This blueprint does, however, give us a direction and goals to aim for – to the best of our ability, providing services and supports for people in North Carolina most in need.

For more information

The complete State Plan is available on the web along with information about work being done to implement the Plan. The address is: http://www.dhhs.state.nc.us/mhplan/